APRIL 17, 2008

Signature

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Akerman Senterfitt/Nicholas Zachanades, Reg. No. 56,712 P.O. Box 3188 West Palm Beach FL 33402-3188 gnature	Fee Attached Amendment/Reply After Final Affidavits/dectaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Contifed Copy of Priority Document(s) Response to Missing Parts Incomplete Application Response to Missing Parts	Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s)	to Technol Appeal Co of Appeal Co (Appeal No Propnetary Status Let Other Enc	ogy Center (TC) mmunication to Board and Interferences mmunication to TC tice, Brief, Reply Brief) y Information lier losure(s) (please	
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U.S. Patent and Tracemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwind Reduction Act of 1995 indications are required to respond to a collection of information unless if displays a valid DMB control number Effective on 12/02/2004 Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (rt R. 4818). Application Number 10/779 503 'RANSMI FEBRUARY 13 2004 Filing Date For FY 2005 CLARKE, D.G. First Named Inventor Examiner Name COLE, M.T. Applicant claims small entity status. See 37 CFR 1 27 Art Unit 1743 TOTAL AMOUNT OF PAYMENT (\$) 80.00 5853-387 Attorney Docket No METHOD OF PAYMENT (check all that apply) Check [Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 50-0951 Deposit Account Name. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Fea (\$) Application Type Fee (\$) Eep (\$) Fees Paid (\$) Fec (\$) Fee (\$) Fee (S) Utility 300 150 500 200 100 250 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 300 Reissue 150 500 250 600 300 Provisional 200 100 ٥ ٥ ٥ 2. EXCESS CLAIM FEES Small Entity Fee (5) Fee Description Fee (S) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Total Claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = nignest number of total claims paid for, it greater than 20 Indep. Claims Extra Claims Fee (\$1 Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheers Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (5) - 100 = _ / 50 = __ (round up to a whole number) x Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: ONE Month Extension of Time €0 00 SUBMITTED BY Registration No. 56,712 Signature とりく Telephone (561) 653-5000 (Attorney/Agent) Name (Print/Type) Nicholas A. Zachariades Date APRIL 17, 2006

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